UNITED STATES DISTRICT COURT

DISTRICT OF OREGON

Patsy H. McMillan		Case No.: 1:21-cv-00091-MC					
	Plaintiff(s),						
v.		MOTION FOR LEAV PRO HAC VICE	/E TO APPI	EAR			
Genworth Life	and Annuity Insurance Company						
	Defendant(s).						
Attorn	ey Ethan M. Lange	requests special admission <i>pro hac</i>					
vice to the Ba	r of the United States District Court	t for the District of Oregon	in the abov	e-			
captioned case	e for the purposes of representing th	ne following party (or parti	ies):				
Plaintiff Patsy	H. McMillan						
In sup	port of this application, I certify tha	t: 1) I am an active memb	er in good s	tanding			
with the Misso	State Bar; and 2) that I	have read and am familiar	with the Fed	deral			
	ence, the Federal Rules of Civil and						
	s Court's Statement of Professional						
,	rstand that my admission to the Bar		rict Court for	r the			
	egon is solely for the purpose of liti			· the			
	on the conclusion of the matter.	gating in the above matter	and will be				
terminated up	on the conclusion of the matter.						
(1)	PERSONAL DATA:						
	Name: Lange, Ethan M.	(F. Al	(141)	(C. (C'.)			
	(Last Name) Agency/firm affiliation: Stueve S	(First Name) Siegel Hanson LLP	(MI)	(Suffix)			
	Mailing address: 460 Nichols Ro						
			7:	<i></i> 6 <i>4</i> 112			
	City: Kansas City	State: MO Zip: 641) 714-7100 Fax number: (816) 714-710					
	Phone number: (816) 714-7100	Fax number:	(010) 1141				
Business e-mail address: lange@stuevesiegel.com							

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(2)	BAR ADMISSION INFORMATION:					
	(a)	State bar admission(s), date(s) of admission, and bar number(s): Texas / 09-04-2008 / 24064150; Missouri / 05-29-2015 / 67857				
		Kansas / 05-15-2015 / 26790				
	(b)	Other federal court admission(s) and date(s) of admission: N.D. Tex. (11/12/08); E.D. Tex. (3/2/11); S.D. Tex. (8/15/11);				
		W.D. Tex. (1/14/13); W.D. Mo. (8/3/17); D. Kan. (7/14/15); D. Colo. (5/14/20)				
(3)	CERTIFICATION OF DISCIPLINARY ACTIONS:					
V	I am not now, nor have I ever been, subject to any disciplinary action by any state or federal bar association or subject to judicial sanctions.					
	I am now or have been subject to disciplinary action by a state or federal bar association or subject to judicial sanctions. (Attach letter of explanation.)					
(4)	CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE: Pursuant to LR 83-3, I have professional liability insurance, or financial responsibility equivalent to liability insurance, that meets the insurance requirements of the Oregon State Bar for attorneys practicing in this District, and that will apply and remain in force for the duration of the case, including any appeal proceedings.					
(5)	CM/ECF REGISTRATION: I acknowledge that I will become a registered user of the Court's case management and electronic case filing system (CM/ECF) upon approval of this application, and I consent to electronic service pursuant to Fed. R. Civ. P. 5(b)(2)(E) and the Local Rules of the District of Oregon.					
		rney Seeking <i>Pro Hac Vice</i> Admission: I have read and understand the -3, and I certify that the above information is true and correct.				
DATED): <u>04/13</u>	/2021				
		/s/ Ethan M. Lange				
		(Signature)				

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REQUIREMENT TO ASSOCIATE WITH LOCAL COUNSEL:

unless requesting a waiver of the requirement			with local c	ounsel,			
To request a waiver of the requirement to as following box:	ssociate with loca	l counsel un	der LR 45-1	, check the			
I seek admission for the limited purp Court did not issue. Pursuant to LR requirement to associate with local of from local counsel with this applicat	45-1(b), I request counsel and theref	t a waiver of	f the LR 83-3	3(a)(1)			
To associate with local counsel, provide the obtain the signature of local counsel.	following inform	ation about	local counse	el, and			
Name: Sugerman, David F.							
(Last Name)	(First Name)		(MI)	(Suffix)			
OSB number: <u>862984</u>	_						
Agency/firm affiliation: Sugerman Law Office	e						
Mailing address: 707 SW Washington St., St							
City: Portland	_State: OR	Zip:		97205			
Phone number: (503) 228-6474	_Fax number: (5	603) 228-255	6				
Business e-mail address: david@sugermanlav	woffice.com						
CERTIFICATION OF ASSOCIATE LO	CAL COUNSEI	.:					
I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in case number 1:21-cv-00091-MC .							
DATED: 04/13/2021	_•						
	/s/ David F.	Sugerman					

(Signature of Local Counsel)

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